



AF/2133

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application No.	09/059,533
Filing Date	April 13, 1998
First Named Inventor	Jerrold V. Hauck
Group Art Unit	2133
Examiner Name	Joseph D. Torres
Total Number of Pages in This Submission	16
Attorney Docket Number	42390P5379

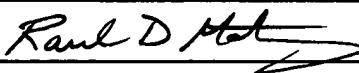
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### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	
		Supplemental Appeal Brief

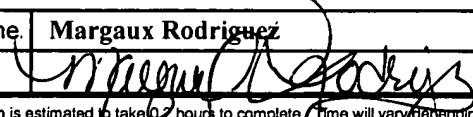
### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Raul D. Martinez, Reg. No. 46,904  BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	October 31, 2002

### CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class mail with sufficient postage in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on:

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Signature	
Date	October 31, 2002

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# FEET TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

**TOTAL AMOUNT OF PAYMENT**      (\$)  
0.00

**Complete if Known**

Application Number	09/059,533
Filing Date	April 13, 1998
First Named Inventor	Jerrold V. Hauck
Examiner Name	Joseph D. Torres
Group/Art Unit	2133
Attorney Docket No.	42390P5379

**METHOD OF PAYMENT** (check one)

Check     Credit card     Money Order     Other     None  
 Deposit Account

Deposit Account Number      02-2666  
 Deposit Account Name      Blakely, Sokoloff, Taylor & Zafman LLP

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below     Credit any overpayments  
 Charge any additional fee(s) required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1001	740	2001	370	Utility filing fee
1002	330	2002	165	Design filing fee
1003	510	2003	255	Plant filing fee
1004	740	2004	370	Reissue filing fee
1005	160	2005	80	Provisional filing fee
SUBTOTAL (1)		(\$)		

**2. EXTRA CLAIM FEES**

Total Claims	11	20**	=	0	X	18.00	=	\$0.00	Fee Paid
Independent Claims	4	4**	=	0	X	84.00	=	\$0.00	

## Multiple Dependent

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple Dependent claim, if not paid
1204	84	2204	42	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$)		0.00

\*\*or number previously paid, if greater. For Reissues, see below

**3. ADDITIONAL FEES**

Large Entity	Fee Code	Fee (\$)	Small Entity	Fee Code	Fee (\$)	Fee Description
	1051	130		2051	65	Surcharge - late filing fee or oath
	1052	50		2052	25	Surcharge - late provisional filing fee or cover sheet
	2053	130		2053	130	Non-English specification
	1812	2,520		1812	2,520	For filing a request for ex parte reexamination
	1804	920 *		1804	920 *	Requesting publication of SIR prior to Examiner action
	1806	1,840 *		1805	1,840 *	Requesting publication of SIR after Examiner action
	1251	110		2251	55	Extension for reply within first month
	1252	400		2252	200	Extension for reply within second month
	1253	920		2253	460	Extension for reply within third month
	1254	1,440		2254	720	Extension for reply within fourth month
	1255	1,960		2255	980	Extension for reply within fifth month
	1404	320		2401	160	Notice of Appeal
	1402	320		2402	160	Filing a brief in support of an appeal
	1403	280		2403	140	Request for oral hearing
	1451	1,510		2451	1,510	Petition to institute a public use proceeding
	1452	110		2452	55	Petition to revive - unavoidable
	1453	1,280		2453	640	Petition to revive - unintentional
	1501	1,280		2501	640	Utility issue fee (or reissue)
	1502	460		2502	230	Design issue fee
	1503	620		2503	310	Plant issue fee
	1460	130		2460	130	Petitions to the Commissioner
	1807	50		1807	50	Processing fee under 37 CFR 1.17(d)
	1806	180		1806	180	Submission of Information Disclosure Stmt
	8021	40		8021	40	Recording each patent assignment per property (times number of properties)
	1809	740		1809	370	Filing a submission after final rejection (37 CFR § 1.129(a))
	1810	740		2810	370	For each additional invention to be examined (37 CFR § 1.129(b))
	1801	740		2801	370	Request for Continued Examination (RCE)
	1802	900		1802	900	Request for expedited examination or a design application

Other fee (specify) \_\_\_\_\_

\* Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$)

Complete (if applicable)

Name (Print/Type)	Raul D. Martinez	Registration No. (Attorney/Agent)	46,904	Telephone	(310) 207-3800
Signature				Date	10/31/02

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